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REQUEST FOR PATENT FEE REFUND		
1 Date of Request: 10 12 05 2 Serial/Patent # 10/534361		
3 Please refund the following fee(s):	4 PAPER NUMBER	DATE FILED 6 AMOUNT
Filing		\$
Amendment		\$
Extension of Time		\$
Notice of Appeal/Appeal		\$
Petition		\$
Issue		\$
Cert of Correction/Terminal Disc.		\$
Maintenance		\$
Assignment		\$
Other		\$
	7 TOTAL AMOUNT OF REFUND \$100.00	
	8 TO BE REF	
10 REASON:	Treasury Check	
✓ Overpayment	Credit Deposit A/C #:	
Duplicate Payment	9 0 3	U 2 4 4 8
No Fee Due (Explanation):		
11 REFUND REQUESTED BY:		
TYPED/PRINTED NAME: Barbara Can phe!/ TITLE:		
SIGNATURE: PHONE:		
OFFICE: 401/00/80 Repln. Ref: 10/13/2005 BCAMPBEL 0016061700		
THIS SPACE RESERVED FOR FINANCE USE ONLY: FC: 9284 \$180.80 CR		
APPROVED: DATE:		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room-802B

PORM PTO 1577 (01/90)